Declaration and Power of Attorney Forms

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR Insert Title: **ANTAGONISTS** the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on 11/03/2003 ___ as United States Application Number ____ Intermation and amended on (if applicable) and/or For Use Without the specification was filed on as PCT International Application Number Specification Attached: and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed Priority Claimed Prior Foreign Application(s) Insert Priority Information No (Country) (Month/Day/Year Filed) (Number) (if appropriate) (Number) (Country) (Month/Day/Year Filed) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional 60/149,464 8/19/1999 Application(s): (Filing Date) (Application Number) (if any) 60/269,847 2/21/2001 (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. PCT/US00/22618 8/18/2000 Application(s): (Application Number) (Filing Date) (Status – patented, pending, abandoned) (if any) (Application Number) (Filing Date) (Status – patented, pending, abandoned)

v. 05/2004) Page 1 of 4

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE
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B Name of First Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
sert Name of Inventor → sert Late This	Bradford Van Wagenen	Bull 18 V. ()	12-9-2005
Document is Signed	Residence (City, State & Country) Salt Lake City, Utah USA	or sury out to fait begin	CITIZENSHIP US
sert Post Office ddress →	MAILING ADDRESS (Complete Street Adc/o NPS Pharmaceuticals, Inc., 383 Colore	ldress including City, State & Country) ow Drive, Salt Lkae City, UT, USA 8410	
l Name of Second ventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
	MAILING ADDRESS (Complete Street Adcord NPS Pharmaceuticals, Inc., 383 Colord		
Il Name of Third eventor, if any: see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP
	MAILING ADDRESS (Complete Street Adcordo NPS Pharmaceuticals, Inc., 383 Coloro	Idress including City, State & Country) ow Drive, Salt Lkae City, UT, USA 8410	08
l Name of Fourth ventor, if any: see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
	MAILING ADDRESS (Complete Street Adcovery of NPS Pharmaceuticals, Inc., 383 Colore	ldress including City, State & Country) ow Drive, Salt Lkae City, UT, USA 8410	98
ll Name of Fifth eventor, it any: see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATORE	(2.19.2005
	Residence (City, State & Country) Salt Lake City, Utah, USA	- mar sept	CITIZENSHIP US
	MAILING ADDRESS (Complete Street Accord NPS Pharmaceuticals, Inc., 383 Colord		
l Name of Sixth ventor, if any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP
	N. viLiNG ADDRESS (Complete Street sycolon NPS Pharmaceuticals, Inc., 383 Colord	ow Drive, Salt Lkae City, UT, USA 8410	08

^{*}DATE OF SIGNATURE

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*				
Full Name of First or Sole Inventor: Insert Name of Inventor Inventor	GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE		DATE*
Insert Date This Document is Signed Insert Residence	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP	
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*
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c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lkae City, UT, USA 84108 GIVEN NAME/FAMILY NAME Daryl L SMITH Residence (City, State & Country) Residence (City, State & Country) AMILING ADDRESS (Complete Street Address including City, State & Country)						
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MAILING ADDRESS (Complete Street Audress including City, State & Country)	Inventor, if any:		inventor's signature	DATE* 8 Dec 2005		
			s, Indiana, USA			
				3		

^{*}DATE OF SIGNATURE

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Full Name of First or Sole Inventor: Insert Name of Inventor →	GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE		DATE*	
Insert Date This Document is Signed Insert Residence	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US		
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lkae City, UT, USA 84108				
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri				
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt-Lake City, Utah, USA MARL BOROU		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr	including City, State & Country) ive, Salt Lkae City, UT, USA 84108	i		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lkae City, UT, USA 84108				
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lkae City, UT, USA 84108				
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	SHIP US	
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3		

^{*}DATE OF SIGNATURE

Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	Methvin ISAAC				
	Residence (City, State & Country)	· -	CITIZENSHIP		
	Etobicoke, Ontario, Canada		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada		
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any see above	Abdelmalik SLASSI				
	Residence (City, State & Country)		CITIZENSHIP		
	Ontario, California		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada		
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Ian Egle				
	Residence (City, State & Country)		CITIZENSHIP		
	Ontario, California		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	^{gth} Flr., Toronto, Ontario M5G 1L8,	Canada		
Full Name of Tenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	Louise EDWARDS				
	Residence (City, State & Country)		CITIZENSHIP		
	Mississauga, Ontario, Canada		Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8th Flr., Toronto, Ontario M5G 1L8, Canada				
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Tomislav STEFANAC				
	Residence (City, State & Country)		CITIZENSHIP		
	Burlington, Ontario, Canada		Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	R th Flr., Toronto, Ontario M5G 1L8,	Canada		
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	Tao XIN				
	Residence (City, State & Country)		CITIZENSHIP		
	Woodbridge, Ontario, Canada		Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	^{3th} Flr., Toronto, Ontario M5G 1L8,	, Canada		
Full Name of Thirteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Jalaj ARORA				
	Residence (City, State & Country)		CITIZENSHIP		
	Cambridge, Ontario, Canada		Canada		
	MAH ING ADDRESS (Com, — e Stree Address	Similadia, City of telk Circ. (y)			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8th Flr., Toronto, Ontario M5G 1L8, Canada				

^{*}DATE OF SIGNATURE

Full Name of	GIVEN NAME/FAMILY NAME	NAME/FAMILY NAME INVENTOR'S CIGNATURE		T = . ==:	
Fourteenth Inventor, if any:	William F. Michne	INVENTOR'S SIGNATURE		DATE*	
see ahove	Residence (City, State & Country)		CITIZEN	CITE	
	Sodertalje SWEDEN		CITIZLIA	Sweden	
	MAILING ADDRESS (Complete Street Ad	ddress including City, State & Country	1	Sweden	
,	c/o AstraZeneca AB, SE-151 85 Sodertalje	•	,		
Full Name of Fifteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	SHIP	
	MAILING ADDRESS (Complete Street Ac	ddress including City, State & Country))		
Full Name of Sixteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	1 5H1P	
	MAILING ADDRESS (Complete Street Ac	ddress including City, State & Country)			
Full Name of Seventeenth Inventor, if any: sec above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	L SHIP	
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Eighteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Ad	ddress including City, State & Country)			
Full Name of Nineteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Ad	Idress including City, State & Country)			
Full Name of Twentieth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MACONG ALLOKESS Congress Street Ac	sdress i kie sing Chinin ne & Country	8		

*DATE OF SIGNATURE

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR Insert Title: ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following Fill in Appropriate The specification was filed on _____11/03/2003 as United States Application Number Information and amended on (if applicable) and/or For Use Without the specification was filed on as PCT International Application Number Specification Attached: and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed Prior Foreign Application(s) Priority Claimed Insert Priority Information (Number) (Country) (Month/Day/Year Filed) (if appropriate) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional 60/149,464 8/19/1999 Application(s): (Application Number) (Filing Date) (if any) 60/269,847 2/21/2001 (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. PCT/US00/22618 8/18/2000 Application(s): (Application Number) (Filing Date) (Status - patented, pending, abandoned) (if any) (Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Rev. 05/2004)

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

*				
Full Name of First or Sole Inventor: Insert Name of Inventor → Insert Date This	GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE		DATE*
Document is Signed Insert Residence	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP	
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lkae City, UT, USA 84108			03
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri	including City, State & Country) ive, Salt Lkae City, UT, USA 84108		
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr.	including City, State & Country) ive, Salt Lkae City, UT, USA 84108		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lkae City, UT, USA 84108			
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr			
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr.			

^{*}DATE OF SIGNATURE

Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any: see above	Methvin ISAAC	NSGac		12th Dec 05
	Residence (City, State & Country)		CITIZENS	SHIP 7
	Toronto, Ontario, CANADA			Canada
	MAILING ADDRESS (Complete Street Address	ss including City, State & Country)		
	c/o NPS Allelix Corp., 101 College St., South T	Γower, 8 th Flr., Toronto, Ontario M	5G 1L8, Can	ada
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any: see above	Abdelmalik SLASSI			Dec. 08/05
	Residence (City, State & Country)		CITIZENS	HIP
	Toronto, Ontario, CANADA			Canada
	MAILING ADDRESS (Complete Street Address	ss including City, State & Country)	<u></u>	
·	c/o NPS Allelix Corp. 101 College St., South T	ower, 8th Flr., Toronto, Ontario M5	G 1L8, Cana	đa
Full Name of Ninth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIERLATURE		DATE*
see above	Ian EGLE	Mim 2 61		Dec. 12/05
	Residence (City, State & Country)	7.8	CITIZENS	энір ,
	Toronto, Ontario, CANADA	•		Canada
	MAILING ADDRESS (Complete Street Address	ss including City, State & Country)		
	c/o NPS Allelix Corp., 101 College St., 8 th Flr.,	Toronto, Ontario M5G 1L8, Canad	.a	
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any: see above	Louise EDWARDS	Hedward.		Dec8/05
	Residence (City, State & Country)	<u> </u>	CITIZENS	
	Toronto, Ontario, CANADA			Canada
	MAILING ADDRESS (Complete Street Addres	ss including City, State & Country)		
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Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any: see above	Tomislav STEFANAC	Jamislay Sta	· (Dec. 8/05
	Residence (City, State & Country)	300 0	CITIZENS	
	Toronto, Ontario, CANADA			Canada
	MAILING ADDRESS (Complete Street Addres	ss including City, State & Country)		
	c/o NPS Allelix Corp., 101 College St., South Tower, 8 th Flr., Toronto, Ontario M5G 1L8, Canada			
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above	Tao XIN	250		Dec. 8, 2005
	Residence (City, State & Country)		CITIZENS	
	Toronto, Ontario, CANADA			Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
	c/o NPS Allelix Corp., 101 College St., South	fower, 8th Flr., Toronto, Ontario M5	5G 1L8, Cana	nda
Full Name of Thirteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any: see above	Jalaj ARORA	2 day word		Deren ber 8 2005
	Residence (City, State & Country)	T.	CITIZENS	
	Toronto, Ontario, CANADA	•		Canada
	MAILING ADDRESS (Complete Street Addres	ss including City, State & Country)	1	
	c/o NPS Allelix Corp., 101 College St., South	Tower, 8 th Flr., Toronto, Ontario M5	5G 1L8, Cana	ıda

^{*}DATE OF SIGNATURE

Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Fourteenth Inventor, if any:		INVENTORSSIGNATURE	DATE*		
see above	William F. Michne Residence (City, State & Country)		CITIZENCLUR		
			CITIZENSHIP		
	Sodertalje SWEDEN		Sweden		
	MAILING ADDRESS (Complete Street Add	• • • • • • • • • • • • • • • • • • • •			
	c/o AstraZeneca AB, SE-151 85 Sodertalje S	WEDEN			
Full Name of Fifteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above					
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Add	ress including City. State & Country)			
		g,, amia a asamy,			
Gull Name of	CHIEN MANG (FANCY YAYAN CE				
Full Name of Sixteenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	Paridon (Cit. Cit. 4 C		T owners your		
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)			
Full Name of Seventeenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above					
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Eighteenth Inventor, if any:	,				
see above	Residence (City, State & Country)		CITIZENSHIP		
	(21.7, 21.11 & 30.11.11)		3.112B101III		
	MAILING ADDRESS (Complete Street Add	race including City State & County			
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Nineteenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	D. I. G. C. A. C.				
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Twentieth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above					
	Residence (City, State & Country)	1	CITIZENSHIP		
	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)			
	` .	5 7.			

*DATE OF SIGNATURE

(Status - patented, pending, abandoned)

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

(if any)

(Application Number)

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR Insert Title: ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on _____11/03/2003 ____ as United States Application Number ____ Information -(if applicable) and/or and amended on For Use Without as PCT International Application Number ____ the specification was filed on Specification (if applicable) and was amended on Attached: I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Priority Claimed Prior Foreign Application(s) Insert Priority Information Nο (Country) (Month/Day/Year Filed) (Number) (if appropriate) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. 8/19/1999 Insert Provisional 60/149.464 Application(s): (Application Number) (Filing Date) (if any) 2/21/2001 60/269,847 (Filing Date) (Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Date of Filing (Month/Day/Year) Application Number Insert Requested Country Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. PCT/US00/22618 8/18/2000 Application(s): (Status - patented, pending, abandoned) (Filing Date) (Application Number)

(Rev. 05/2004) Page 1 of 4

(Filing Date)

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NUTE
YOU MUST
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FOLLOWING:
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full Name of First or Sole Inventor: Insert Name of Inventor	GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE		DATE*
Document is Signed Insert Residence	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENS	HIP US
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri	including City, State & Country) ive, Salt Lkae City, UT, USA 84108		
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
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Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		DATE*
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	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri	including City, State & Country) ve, Salt Lkae City, UT, USA 84108		
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
-	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri	including City, State & Country) ve, Salt Lkae City, UT, USA 84108		
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri	including City, State & Country) ve, Salt Lkae City, UT, USA 84108		

*DATE OF SIGNATURE

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Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Methvin ISAAC				
	Residence (City, State & Country)		CITIZENSHIP		
	Etobicoke, Ontario, Canada		Canada		
Ì	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada				
Full Name of Eight Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Abdelmalik SLASSI				
	Residence (City, State & Country)		CITIZENSHIP		
	Ontario, California		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8th Flr., Toronto, Ontario M5G 1L8, Canada				
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Ian Egle				
	Residence (City, State & Country)		CITIZENSHIP		
1	Ontario, California		Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Tenth	c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada				
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Louise EDWARDS		CITIADA OLAD		
	Residence (City, State & Country)		CITIZENSHIP		
,	Mississauga, Ontario, Canada		Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8th Flr., Toronto, Ontario M5G 1L8, Canada				
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Tomislav STEFANAC		CITIZENSHIP		
	Residence (City, State & Country)		Canada		
	Burlington, Ontario, Canada	1.1.4. 6. 6. 6.	Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8th Flr., Toronto, Ontario M5G 1L8, Canada				
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Tao XIN		CITIZENSHIP		
	Residence (City, State & Country)		CITIZENSHIP		
	Woodbridge, Ontario, Canada	a including City Chata & Comment			
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada				
Full Name of Thirteenth Inventor, if any: see above					
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Jalaj ARORA		CITIZENSHIP		
	Residence (City, State & Country)		Canada		
	Cambridge, Ontario, Canada	e including City State & Country			
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8th Flr., Toronto, Ontario M5G 1L8, Canada				

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Full Name of Fourteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	William F. Michne	William J. Mi	chure 13/23/05		
	Residence (City, State & Country)		CITIZENSHIP		
	Wilmington, USA		USA		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o AstraZeneca Wilmington, 1800 Concord Pike, P.O. Box 15437 Wilmington, Delaware 19850-5437, USA				
Full Name of Fifteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Sixteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Seventeenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)	1	CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Eighteenth Inventor, if any:	<u> </u>				
see above	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Nineteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Twentieth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				

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